## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004  |  |  |                                      |                            |  |                   |          |  | 10/584/83  |               |                     |                        |
|---|--|--|--------------------------------------|----------------------------|--|-------------------|----------|--|--|---------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                |  |  |                                      |                            |  |                   |          | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |  |               |                     |                        |
| U.S. NATIONAL STAGE FEES  |  |  |                                      |                            |  |                   | 7        | RATE   | FEE  | 7             | RATE                | FEE                    |
| BASIC FEE   |  |  |                                      |                            |  |                   | 7        | BASIC FEE                                    |  | OR            | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |  |                                      |                            |  |                   | 1        | EXAM. FEE                                    | 1  | 1             | EXAM. FEE           | 267                    |
| SEARCH FEE  |  |  |                                      |                            |  |                   | 1        | SEARCH FEE                                   |  | 1             | SEARCH FEE          | 1/1                    |
| FEE FOR EXTRA SPEC. PGS.  |  |  | 154 min                              | nus 100 =                  | 54   | / 50 = · <b>/</b> | 1        | X \$ 125 =                                   | <del>                                     </del> | 1             | X \$ 250 =          | 25                     |
| TOTAL CHARGEABLE CLAIMS   |  |  | 26 minus 20 = *                      |                            |  | 1                 | 1        | X \$ 25 =                                    | <u> </u>   | OR            | X \$ 50 =           | 200                    |
| INDEPENDENT CLAIMS  |  |  | 9                                    | minus 3 =                  | <del>-                                    </del> | 6                 | 1        | X \$ 100 =                                   | <del> </del>                                     | OR            | X \$ 200 =          | 120                    |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR  | ESENT                                | <u></u>                    |  |                   | 1        | + \$ 180 =                                   | <del> </del>                                     | OR            | + \$ 360 =          | 100                    |
| * If  | the difference                                 | in column 1 is   | less than zer                        | o, enter "0                | " in co  |                   | J        | TOTAL  | <del> </del>                                     | OR            | TOTAL               | 3010                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |  |                                      |                            |  | 7                 | SMALL E  | NTITY  | OR<br><b>1 [</b>                                 | OTHER SMALL E | NTITY               |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT  |                                      | PREVIO                     | USLY   | PRESENT<br>EXTRA  |          | RATE   | TIONAL<br>FEE                                    |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus                                | **                         |  | =                 |          | X \$ 25 =                                    |  | OR            | X \$ 50 =           |                        |
|   | Independent                                    | *  | Minus                                | ***                        |  | =                 | ]        | X \$ 100 =                                   |  | OR            | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                      |                            |  |                   |          | + \$ 180 =                                   |  | OR            | + \$ 360 =          |                        |
|   |  |  |                                      |                            |  |                   | _        | TOTAL ADDIT.<br>FFF                          |  | OR            | TOTAL ADDIT.<br>FFF |                        |
|   |  | (Column 1)   | 1                                    | (Colum                     |  | (Column 3)        |          |  |  | _             |                     |                        |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT  |                                      | NUMBI<br>PREVIOL<br>PAID F | ER<br>JSLY                                       | PRESENT<br>EXTRA  |          | RATE   | ADDI-<br>TIONAL<br>FEE                           |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus                                | **                         |  | =                 |          | X \$ 25 =                                    |  | OR            | X \$ 50 =           |                        |
|   | Independent                                    | *  | Minus                                | ***                        |  | =                 |          | X \$ 100 =                                   |  | OR            | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                      |                            |  |                   |          | + \$ 180 =                                   |  | OR            | + \$ 360 =          |                        |
|   |  |  |                                      |                            |  |                   |          | TOTAL ADDIT.<br>FFF                          |  | OR 1          | TOTAL ADDIT.        |                        |
| ***   | If the "Highest Nu<br>If the "Highest Nu       | ımn 1 is less than the<br>ımber Previously Pai<br>ımber Previously Pai<br>nber Previously Paid | d For" IN THIS S<br>d For" IN THIS S | PACE is less to            | than '20'  | ', enter "20".    | d in the | e appropriate box                            | in column 1                                      |               |                     |                        |